

L24 000 268 293

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SECREBBLY OF STATE

COVER LETTER

`TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	Y CHARTERS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHARON SILVA		
		Name of Person	
	SNOW DAY CHARTERS	S, LLC	
	_ =	Firm/Company	
	5409 OVERSEAS HWY.	#22	
		Address	·
	MARATHON, FL 33050		
		City/State and Zip Code	
	SHARONSILVA01@YAH		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please co	all:	
SHARON SILVA		305 731-3577 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 632	<u>.</u> /	The Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNOW DAY CHARTERS, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	2)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L24000268293</u>	ny were filed on 06/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
Enter new mailing address, if applicable:	4.	> N 1
Mailing address MAY BE A POST OFFICE BOX)		PH PH
		3: O
		1E 12
3. If amending the registered agent and/or registered office address here:	e address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	JOHN PAUL WEITZ	594 26TH ST, MARATHON, FL 33050	🗏 Add
			Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
		CHEST CONTRACTOR OF THE CHEST	🗖 Add
			□Remove
			□Change

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ffect	ve date, if other than the date of filing: (optional)
ian eff Vote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is fi	ed.
Dated	NOVEMBER 19 2024
	\Signature of a member or authorized representative of a member

Typed or printed name of signee